

**SHASTA COUNTY DEPARTMENT OF RESOURCE MANAGEMENT  
ENVIRONMENTAL HEALTH DIVISION**

1855 Placer Street, Suite 201, Redding, CA 96001 Telephone (530) 225-5787 FAX (530) 225-5413 ehd.co.shasta.ca.us

**ONSITE WASTEWATER TREATMENT SYSTEM PERMIT APPLICATION**

# OWTS \_\_\_\_\_

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Standard System<br>\$722.55 | <input type="checkbox"/> Non-Standard System with Alternate Dispersal - \$1,011.57<br><input type="checkbox"/> Non-Standard System with Supplemental Treatment - \$1,156.08<br>Submit legal description and <i>Consultant's Agreement</i> . | <input type="checkbox"/> Replacement/Repair<br>Type _____<br>Fee \$ _____ |
|--|---|---|

**APPLICANT** (Shall be licensed contractor or property owner.)

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

**PROPERTY OWNER**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

**PROPOSED USE OF PROPERTY**

Residential: ☐ House ☐ Mobile home  
Number of bedrooms \_\_\_\_\_  
Garbage disposal? ☐ Yes ☐ No

Commercial: Complete OWTS Supplemental Data on back of application.

**LOT SIZE** \_\_\_\_\_ x \_\_\_\_\_ or acreage \_\_\_\_\_

**WATER SUPPLY**

☐ Public System Name \_\_\_\_\_  
☐ Private ☐ Drilled Well (☐ proposed?) Permit # \_\_\_\_\_  
☐ Spring ☐ Other (describe) \_\_\_\_\_

Proof of legal creation is required on undeveloped properties.

**FOR OFFICE USE ONLY**

Zoning/General Plan \_\_\_\_\_

Use is permitted ☐ without use permit or ☐ by UP \_\_\_\_\_

Legal Creation verified \_\_\_\_\_

Application received by \_\_\_\_\_ Date \_\_\_\_\_  
\$ \_\_\_\_\_ received Date \_\_\_\_\_ Receipt # \_\_\_\_\_  
\$ \_\_\_\_\_ received Date \_\_\_\_\_ Receipt # \_\_\_\_\_

Associated Applications and Projects:

BP # \_\_\_\_\_ Other \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LOCATION OF PROPERTY**

Street or Road \_\_\_\_\_  
Assessor's Parcel Number \_\_\_\_\_

**DIRECTIONS TO LOCATE PROPERTY** are to be provided on the back of this application or the back of the plot plan. Directions must be adequate for staff to locate property.

**PLOT PLAN** is to be submitted on **8½ x 11** sheet according to the Sample Plot Plan instructions and show **all** requested information.

**SOIL TESTING** A minimum of three percolation tests are required to be submitted in the proposed leach field area. One test pit shall be excavated and a soil profile logged by a person qualified to perform testing under the Shasta County Sewage Disposal Standards.

☐ Test results, including a map from the consultant showing test locations, are attached.

☐ Testing was done when this parcel was created.

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_  
Parcel Map \_\_\_\_\_ Lot # \_\_\_\_\_

**SIGNATURE OF CONTRACTOR (if applicant is contractor)**

I certify that I am licensed under the provisions of Division 3, Chapter 9 of the Business and Professions Code, and my license is in full force and effect. License # \_\_\_\_\_

I certify that I have read this application and the above information is correct. I agree to comply with all Shasta County Ordinances and State Laws relating to this construction.

\_\_\_\_\_  
SIGNATURE OF CONTRACTOR

\_\_\_\_\_  
DATE

**SIGNATURE OF OWNER (required on all applications)**

I certify that I am the owner of this property **and** that I will contract with a licensed contractor **OR** that I and my employees, with wages as their sole compensation, will do all of the work.

I certify that I have read this application and the above information is correct. I agree to comply with all Shasta County Ordinances and State Laws relating to this construction, and hereby authorize representatives of SHASTA COUNTY to enter the property for inspection purposes.

By signing this application I agree to defend, indemnify, and hold the county harmless from any claim, action, or proceeding brought to attack, set aside, void or annul the county's approval of this application.

I understand that the Shasta County Department of Resource Management, in releasing this permit for the immediate construction of a sewage disposal system does not guarantee the issuance of any other development permits or land use request for this property.

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Final approval by \_\_\_\_\_ Date \_\_\_\_\_

# OWTS \_\_\_\_\_

**OWTS PERMIT APPLICATION SUPPLEMENTAL DATA**

How many persons reside or will reside at the residence? \_\_\_\_\_

Do you operate a business from the residence? ☐ Yes ☐ No

If yes, what type of business? \_\_\_\_\_

How many employees? \_\_\_\_\_

What is the estimated gallons of wastewater per day (GPD)? \_\_\_\_\_ GPD

**Notice: Estimates of wastewater volumes shall be made by qualified professionals, based on the California Plumbing Code estimate formulas or using water usage records for the facility or comparable facility and shall include a factor of safety of at least 1.5.**

Do you operate a children's daycare facility from your residence? ☐ Yes ☐ No

Are you planning on installing a plastic or fiberglass septic tank? ☐ Yes ☐ No

If yes, please provide the septic tank make and model.

Make: \_\_\_\_\_ Model: \_\_\_\_\_

**LIQUID WASTE FEES:**

Commercial Standard Onsite Wastewater Treatment System – New, Replace, Repair, or Failing Systems	\$ 1,011.57
Commercial Non-Standard Onsite Wastewater Treatment System with Alternate Dispersal - New, Replace, Repair, or Failing Systems	\$ 1,300.59
Commercial Non-Standard Onsite Wastewater Treatment System w/ Supplemental Treatment and Alternate Dispersal - New, Replacement, Repair or Failing Systems	\$ 1,445.10
Leach Line Addition to Existing Onsite Wastewater Treatment System	\$ 289.02
Leach Field Replacement or Repair	\$ 578.04
Tank Replacement or Repair	\$ 289.02
Distribution Box Replacement or Repair	\$ 180.64
Sewage Disposal System Abandonment	\$ 144.51
Mobile Home Park / Multi-family Onsite Wastewater Treatment System New and Repair	\$ Permit type fee + \$65.00 per connection